



Quality Management
New User Form
Cozeva Access

New User Details - Please complete all fields.	
Name	
Job Title	
Site Name	
Office Phone	
Email	
Provider Name and NPI	Please list your providers name and NPI you need access to:

I am aware of and agree to abide by the following Santé Quality Management security procedures regarding the confidentiality of member and physician information. The unauthorized possession, use, copying, or reading, of health records in any medium, or the unauthorized disclosure or information contained in such records, is strictly forbidden. Activity under my user ID shall be my responsibility. I agree to protect the confidentiality of the data by:

- Never sharing my passwords or my access
- Always logging off when leaving a terminal or workstation
- Never disclosing confidential information except when required for my job and when properly authorized
- Only copying data from the database, as authorized
- Always taking reasonable precautions to secure copied data
- Required to sign on every 90 days to avoid account deactivation

Signature		Date:
Office Manager Signature		Date:

Santé Quality Use Only		
New User Status	<input type="checkbox"/> Account created	
	Created by:	Date: